

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name

Centennial Communications Corp.

Service Provider Name

Centennial Wireless

Company Address, City, State, Zip

3349 Route 138, Building A

Wall, New Jersey 07719

Service Provider Type

☒ Wireless

☐ Wireline

Name(s) of Wireless License Holder(s)

Centennial Southeast License Company, LLC

Contact Name

Lourdes Lucas

Contact Tel #

732-556-2252

Fax #

732-556-2254

E-mail Address

llucas@centennialcorp.com

Section 2**Local Area 911 Implementation**

List all individual local areas covered by this report (e.g., Lee County, Virginia):

La Salle Parish, Louisiana
St. Helena Parish, Louisiana
Tensas Parish, Louisiana

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

LaSalle Parish, La.	(318) 992-2151 Sheriff's Dept.
St. Helena Parish, La	(225) 222-4413 Sheriff's Dept.
Tensas Parish, La	(318) 766-3961 Sheriff's Dept.

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

We are currently routing 911 calls to the designated emergency response point as designated by the local Parish Sheriff's office.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

We are currently providing 911 abbreviated dialing. Our customers dial 911 and we then translate that call to a ten digit number provided by the local authorities which is then routed to the designated emergency response point.

Section 3

911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

We have not had any difficulty identifying 911 call routing points.

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

Does not apply.

Section 4

Certification - To be signed by an authorized representative of the reporting entity

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of May 28, 2002.

Signature: /s/ Lourdes L. Lucas

Lourdes Lucas
Printed name of authorized representative:

Vice President Legal Affairs
Title:

Date: May 29, 2002

This filing is: ☒ original filing ☐ revised filing

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OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.**